

**DEPARTMENT OF HEALTH SERVICES**

1800 3<sup>rd</sup> STREET, ROOM 100  
P. O. BOX 942732  
SACRAMENTO, CA 94234-7320  
(916) 322-1223



December 22, 2000

«FirstName» «LastName»  
«JobTitle»  
«County»County  
«Company»  
«Address1»  
«POBox»  
«City», «State» «ZipCode»

**This letter was mailed to  
the individual RHS county contacts.**

Dear «Salutation»:

**EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA) – SENATE BILL  
(SB) 2132, CHAPTER 826, STATUTES OF 2000**

The purpose of this letter is to notify you of EMSA and the availability of \$2,479,000 to Rural Health Services counties for the reimbursement of uncompensated emergency physician services. These monies are for services provided in fiscal year (FY) 2000-01.

Rural Health Services counties have the option to receive EMSA directly or through the EMSA Contract Back Program. For detailed information on how to contract for EMSA and/or the EMSA Contract Back Program funds, please refer to the enclosed package which contains guidelines, an EMSA table, a copy of the legislation and necessary documents with instructions and due dates needed by the county to administer or contract back EMSA.

Please review the package carefully, and return all necessary documents to the Office of County Health Services by February 15, 2001, so we may begin releasing payments. If you have any questions concerning the EMSA Contract Back Program, please contact Mr. Robert Krause, Chief of the Policy Unit at (916) 445-3194. For questions concerning the enclosed EMSA package, contact your County Health Services Analyst at (916) 322-1086.

Sincerely,

George B. (Peter) Abbott, M.D., M.P.H. Chief  
Office of County Health Services

cc: See next page.

«FirstName» «LastName»

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December 22, 2000

cc: Mr. Gregory Jolivet  
Senior Fiscal and Policy Analyst  
Legislative Analyst's Office  
925 L Street, Suite 1000  
Sacramento, CA 95814

Mr. Michael Dimmitt  
Vice President  
Research and Health Policy  
California Association of Hospitals  
and Health Systems  
1201 K Street, Suite 800  
Sacramento, CA 95814

Ms. Eileen Eastman  
Executive Secretary  
California Conference  
of Local Health Officers  
Department of Health Services  
714 P Street, Room 1492  
Sacramento, CA 95814

Mr. Robert Krause, Chief  
Policy Unit  
Office of County Health Services  
1800 3<sup>rd</sup> Street, Room 100  
P.O. Box 942732  
Sacramento, CA 94234-7320

Ms. Sandra Hughes  
Staff Attorney  
Office of Legal Services  
Department of Health Services  
714 P Street, Room 1216  
Sacramento, CA 95814

Ms. Agnes Lee  
Budget Consultant  
Assembly Budget Committee  
State Capitol, Room 6026  
Sacramento, CA 95814

Mr. Patrick Kemp  
Principal Program Budget Analyst  
Health and Human Services Unit  
Department of Finance  
915 L Street, Ninth Floor  
Sacramento, CA 95814

Ms. Denise Martin  
President and Chief  
Executive Officer  
California Association of Public  
Hospitals and Health Systems  
2000 Center Street, Suite 308  
Berkeley, CA 94704

Ms. Elizabeth McNeil  
Vice President of Policy  
California Medical Association  
1201 K Street, Suite 1050  
Sacramento, CA 95814

Ms. Holly J. Mitchell  
Staff Attorney  
Western Center on Law and  
Poverty, Inc.  
1225 8<sup>th</sup> Street, Suite 415  
Sacramento, CA 95814-4879

«FirstName» «LastName»

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December 22, 2000

cc: Ms. Margaret Peña  
Legislative Representative  
California State Association  
of Counties  
1100 K Street, Suite 101  
Sacramento, CA 95814

Chair, Board of Supervisors  
w/o enclosures

Auditor/Controller w/o enclosures

Health Officers w/o enclosures

Mr. Bruce Pomer  
Executive Director  
Health Officers Association  
of California  
1100 11<sup>th</sup> Street, Suite 321  
Sacramento, CA 95814

Ms. Judith Reigel  
Executive Officer  
County Health Executives  
Association of California  
1127 11st Street, Suite 309  
Sacramento, CA 95814

Ms. Mickey Richie  
Local Liaison  
Office of the Director  
714 P Street, Room 1253  
Sacramento CA 95814

Ms. Kristin Testa  
California Health and Human  
Services Agency  
1600 Ninth Street, Room 460  
Sacramento, CA 95814

Ms. Diane Van Maren  
Senior Consultant  
Senate Budget and Fiscal Review  
Committee  
State Capitol, Room 5013  
Sacramento, CA 95814

# **Emergency Medical Services Appropriation (EMSA)**

**Chapter 826, Statutes of 2000  
Senate Bill (SB) 2132**

**Prepared by  
Office of County Health Services  
Department of Health Services  
December 22, 2000**

# **Emergency Medical Services Appropriation (EMSA)**

## **Package Contents**

- EMSA Guidelines
  - Charts A - D
  - SB 2132 Legislation
- EMSA Tables
- Declaration of Intent
- Standard Agreement (two originals and one copy)
- Expenditures and Physicians Data Report

## **EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA) GUIDELINES**

The purpose of SB 2132 is to reimburse physicians for uncompensated emergency services.

### **Background**

SB 2132 provides reimbursement for uncompensated emergency services provided by physicians to the indigent population in the current fiscal year. The bill appropriates \$24,803,000 of Proposition 99 Tobacco Tax money from the Cigarette and Tobacco Products Surtax Fund (CTPSF) through the California Healthcare for Indigents Program (CHIP) and the Rural Health Services (RHS) Program accounts (See Chart A). SB 2132 is separate from the CHIP and RHS Program and is referred to as the "*Emergency Medical Services Appropriation (EMSA)*".

The Office of County Health Services (OCHS), which administers the CHIP and RHS Program is responsible for disbursing EMSA through the Hospital Services Account (HSA), Physician Services Account (PSA), and Unallocated Account (UA). Of the total funds available, OCHS will disburse \$22,324,000 to CHIP counties and \$2,479,000 to RHS counties (see EMSA Tables). RHS counties have the option of receiving the funds through EMSA (see Chart B) or the EMSA Contract Back Program (see Chart C).

It is the responsibility of each CHIP and RHS county that receives EMSA directly, to administer the monies for the purposes of the bill. CHIP and RHS counties shall deposit the PSA and UA monies into the PSA of their Emergency Medical Services (EMS) fund. In addition, CHIP and RHS counties may deposit the HSA monies into an existing or new account at the discretion of the county (see Chart B and D). Counties are required to account for HSA and PSA/UA monies separately.

### **EMSA Requirements**

The following outlines the EMSA components and requirements:

#### **A. Fiscal Year**

The appropriation is for emergency services rendered in fiscal year 2000-01.

#### **B. Standard Agreement (SA)**

The Department of Health Services (DHS) and the County will enter into a SA that will include language covering expenditure requirements, general requirements, administrative cost and recoupment. The SA shall be signed by the Chairperson or designee of the Board of Supervisors.

### **C. Allocation of Funds**

The OCHS shall allocate monies through the HSA (\$9,015,000), PSA (\$2,328,000), and UA (\$13,460,000) to each CHIP and RHS county. Each county shall receive 50 percent of the allocation once the SA is fully executed. The balance will be released in equal monthly payments. All funds shall be allocated and expended in FY 2000-01. All unexpended monies including interest earned shall be returned to DHS.

### **D. Use of Funds**

EMSA monies shall be used for reimbursement of uncompensated emergency services, as defined in Welfare and Institutions Code Section 16953, for physicians who provide services to patients who cannot afford to pay for those services, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal government. No physician shall be reimbursed more than 50 percent of losses.

Emergency services means physician services provided in one of the following:

- general acute care hospital which provides basic or comprehensive emergency services.
- a paramedic receiving station approved by a county prior to January 1, 1990.
- facilities contracting with the National Park Service prior to January 1, 1990.
- a standby emergency room in a hospital.

EMSA monies shall not be used to reimburse physicians employed by county hospitals and physicians who provide services in a primary care clinic.

### **E. Administrative Cost**

Counties may spend up to 10 percent of the total EMSA monies on administrative costs.

### **F. Reporting Requirements**

POCHS will require each county to complete and submit an EMSA Expenditures and Physicians Data Report on the use of HSA and PSA/UA funds. One progress report (due November 15, 2001) and one final report (due April 15, 2002) shall be submitted.

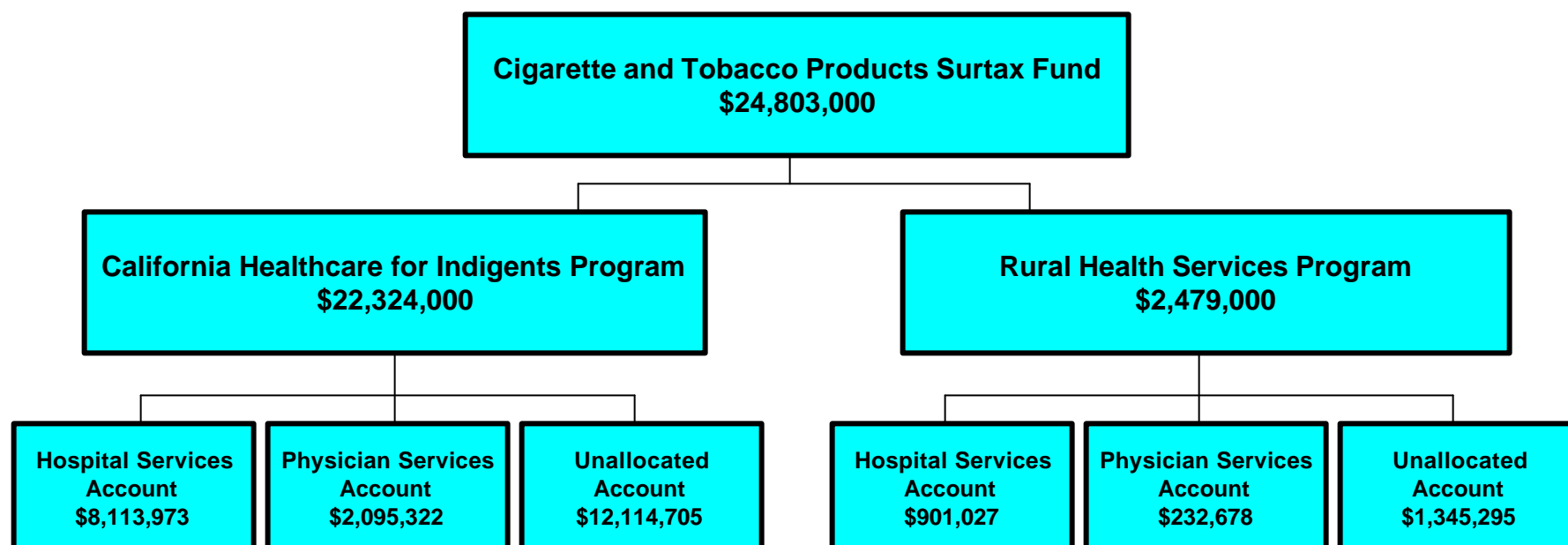
### **G. Net County Cost (NCC)**

The EMSA may affect a county's NCC if the revenues are not fully expended by the end of the fiscal year. This would lower a county's NCC.

# Emergency Medical Services Appropriation

## Chapter 826, Statutes of 2000

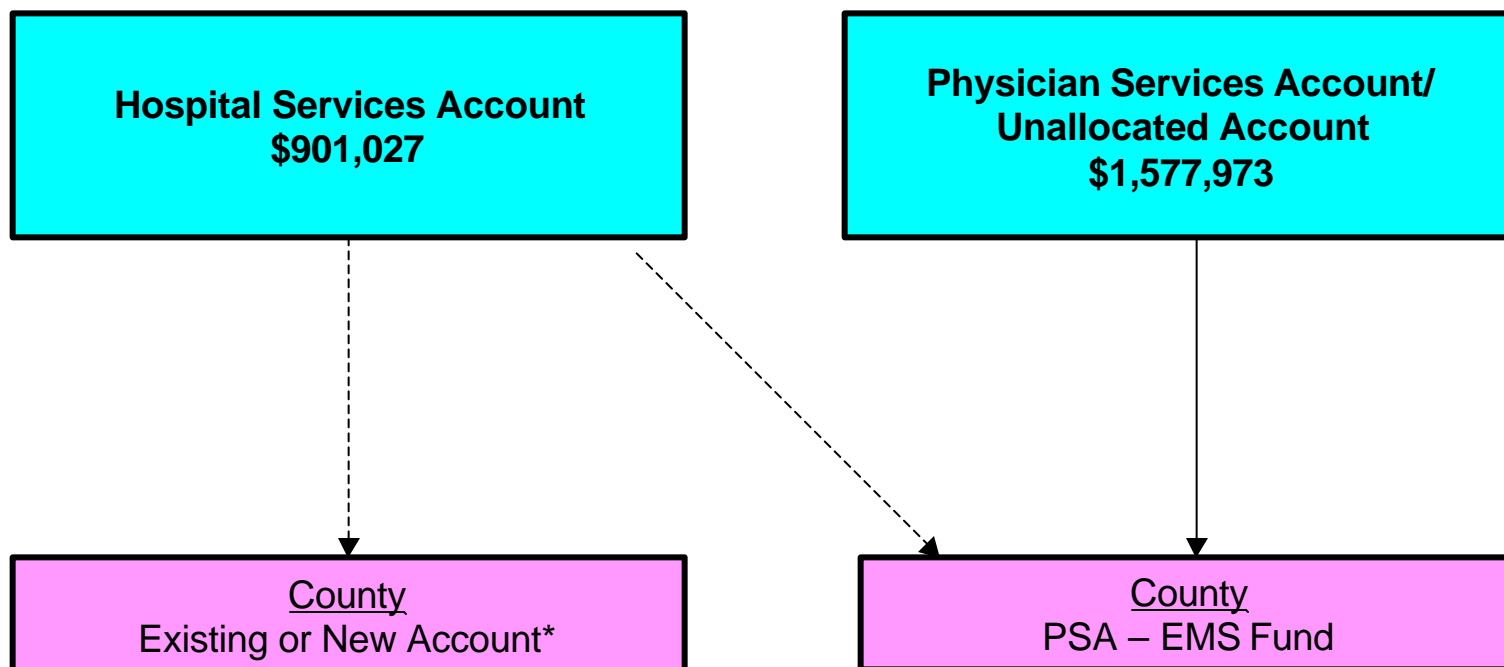
### Senate Bill 2132

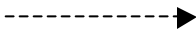


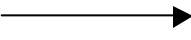


# Emergency Medical Services Appropriation

**\$2,479,000 (Funding for RHS Counties)**



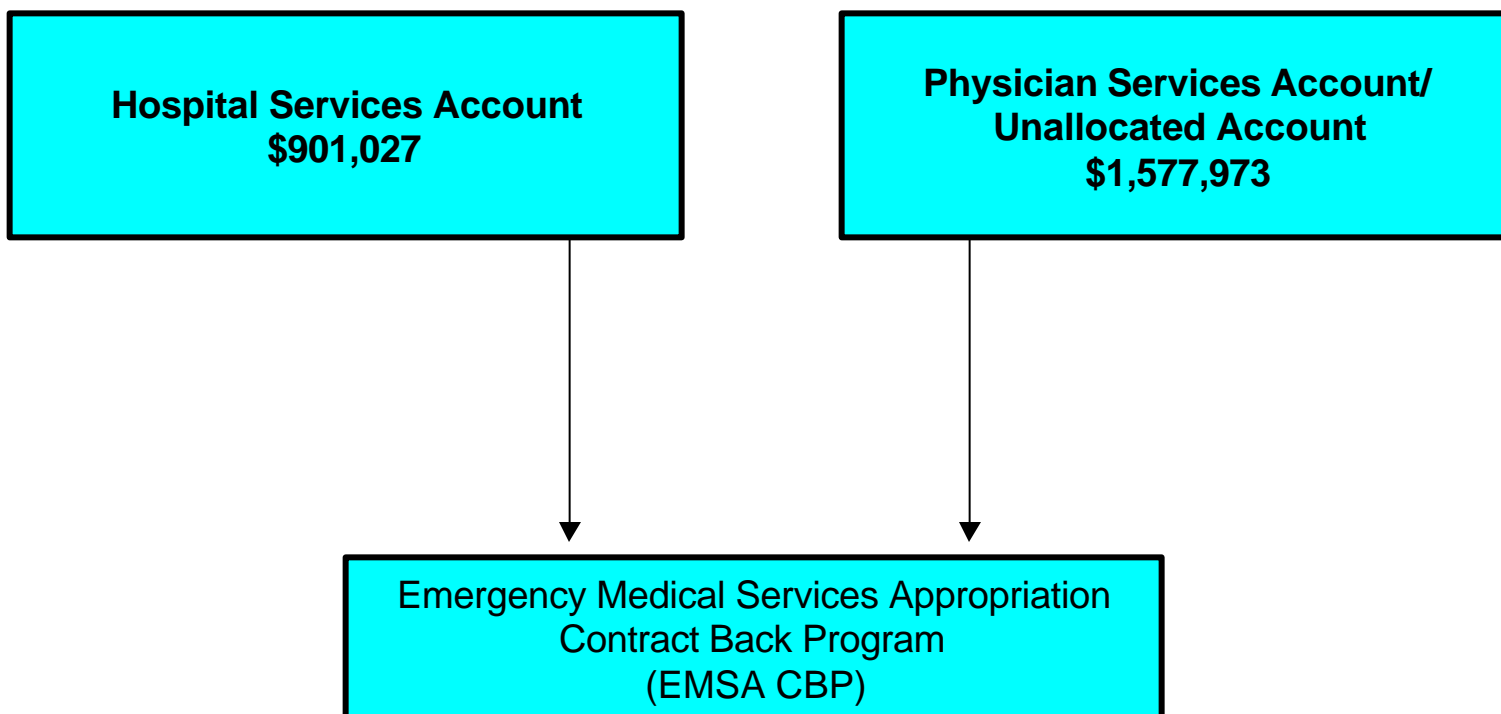
Counties may transfer 

Counties are required to transfer 

\*Any unexpended funds may be transferred to the County's PSA – EMS Fund

# Emergency Medical Services Appropriation

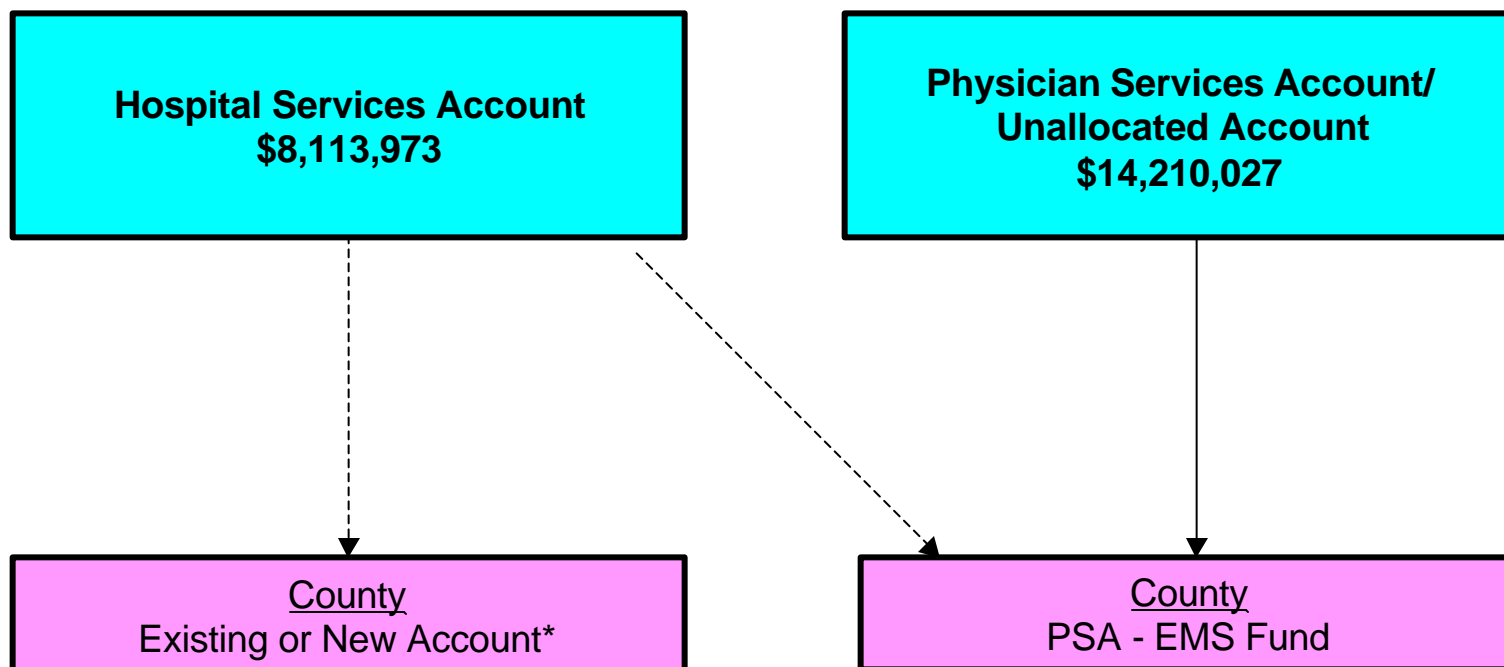
**\$2,479,000 (Funding for RHS Counties that are  
EMSA Contract Back Counties)**

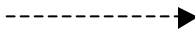


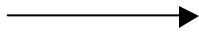
DHS transfers monies to the EMSA CBP and administers funds on behalf of the counties. →

# Emergency Medical Services Appropriation

**\$22,324,000 (Funding for CHIP Counties)**



Counties may transfer 

Counties are required to transfer 

\*Any unexpended funds may be transferred to the County's PSA – EMS Fund

BILL NUMBER: SB 2132    CHAPTERED  
BILL TEXT

CHAPTER    826

FILED WITH SECRETARY OF STATE    SEPTEMBER 28, 2000  
APPROVED BY GOVERNOR    SEPTEMBER 28, 2000  
PASSED THE SENATE    SEPTEMBER 1, 2000  
PASSED THE ASSEMBLY    SEPTEMBER 1, 2000  
AMENDED IN ASSEMBLY    AUGUST 31, 2000  
AMENDED IN ASSEMBLY    AUGUST 25, 2000

INTRODUCED BY    Senators Dunn and Perata  
    (Principal coauthors:    Senators Burton and Brulte)  
    (Principal coauthors:    Assembly Members Baugh and Hertzberg)  
    (Coauthor:    Assembly Member Shelley)

FEBRUARY 25, 2000

An act relating to health services, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 2132, Dunn.    County health services:    tobacco tax.

The Tobacco Tax and Health Protection Act of 1988 (Proposition 99) was adopted by the voters at the general election held on November 8, 1988, imposing a tax on the distribution of cigarettes in addition to the tax imposed pursuant to the Cigarette Tax Law as of the effective date of the adoption of Proposition 99, and imposing a tax on the distribution of certain tobacco products pursuant to a specified formula. Existing law provides for the establishment of the Cigarette and Tobacco Products Surtax Fund, containing certain accounts, including the Hospital Services Account, the Physician Services Account, the Health Education Account, the Research Account, the Public Resources Account, and the Unallocated Account, and requiring that money in those accounts be used for specified purposes.

This bill would appropriate \$24,803,000 from the fund for the 2000-01 fiscal year, and would provide for the allocation of \$22,324,000 of that amount through the California Healthcare for Indigents Program (CHIP) and \$2,479,000 of that amount through the Rural Health Services (RHS) program. The bill would limit the use of those funds to the reimbursement of uncompensated hospital emergency services.

This bill would declare that it is to take effect immediately as an urgency statute.

Appropriation:    yes.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.    (a) The sum of twenty-four million eight hundred three thousand dollars (\$24,803,000) is appropriated from the Cigarette and Tobacco Products Surtax Fund for allocation for the 2000-01 fiscal year from the following accounts:

(1) Nine million fifteen thousand dollars (\$9,015,000) from the Hospital Services Account.

(2) Two million three hundred twenty-eight thousand dollars (\$2,328,000) from the Physician Services Account.

(3) Thirteen million four hundred sixty thousand dollars (\$13,460,000) from the Unallocated Account.

(b) Funds appropriated pursuant to subdivision (a) shall be allocated proportionately as follows:

(1) Twenty-two million three hundred twenty-four thousand dollars (\$22,324,000) shall be administered and allocated for distribution through the California Healthcare for Indigents Program (CHIP), Chapter 5 (commencing with Section 16940) of Part 4.7 of Division 9 of the Welfare and Institutions Code, as provided in this act.

(2) Two million four hundred seventy-nine thousand dollars (\$2,479,000) shall be administered and allocated through the Rural Health Services (RHS) program, Chapter 4 (commencing with Section 16930) of Part 4.7 of Division 9 of the Welfare and Institutions Code, as provided in this act.

(c) Funds appropriated by this act from the Physician Services Account and the Unallocated Account in the Cigarette and Tobacco Product Surtax Fund shall be used only for the reimbursement of uncompensated emergency services as defined in Section 16953 of the Welfare and Institutions Code. Funds shall be transferred to the Physician Services Account in the county Emergency Medical Services Fund established pursuant to Sections 16951 and 16952 of the Welfare and Institutions Code.

(d) Funds appropriated by this act from the Hospital Services Account in the Cigarette and Tobacco Products Surtax Fund shall be used only for reimbursement of uncompensated emergency services, as defined in Section 16953 of the Welfare and Institutions Code, provided in general acute care hospitals providing basic, comprehensive, or standby emergency services. Reimbursement for emergency services shall be consistent with the provisions of Section 16952 of the Welfare and Institutions Code.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

There is a well documented crisis in emergency medicine in California, including the closing of hospital emergency departments and the unavailability of on-call physician specialists to backup emergency physicians in hospital emergency departments. One of the causes of this crisis is a lack of funding for uninsured patients. In order that Proposition 99 funds may be allocated to emergency and on-call physicians as soon as possible, and help alleviate the crisis in emergency medicine, it is necessary that this act take effect immediately.

# **Emergency Medical Services Appropriation (EMSA)**

FINAL RUNDATE: DECEMBER 15, 2000 12 NOON

FISCAL YEAR 2000-2001

**PURSUANT TO: CHAPTER 826, STATUTES OF 2000 (SB 2132)**

## **CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM (CHIP) COUNTIES**

COUNTY	EMSA HOSPITAL SERVICES ACCOUNT	EMSA PHYSICIAN SERVICES ACCOUNT	EMSA UNALLOCATED SERVICES ACCOUNT	TOTAL EMSA
Alameda	\$384,818	\$99,375	\$574,564	\$1,058,757
Contra Costa	146,309	37,783	218,452	402,544
Fresno	217,900	56,269	325,340	599,509
Kern	138,611	35,794	206,956	381,361
Lake	14,816	3,826	22,122	40,764
Los Angeles	3,554,382	917,872	5,306,930	9,779,184
Mendocino	21,614	5,582	32,273	59,469
Merced	58,778	15,179	87,759	161,716
Monterey	104,970	27,108	156,728	288,806
Orange	416,920	107,662	622,478	1,147,060
Placer	29,998	7,746	44,788	82,532
Riverside	258,251	66,690	385,587	710,528
Sacramento	267,128	68,982	398,841	734,951
San Bernardino	308,105	79,563	460,020	847,688
San Diego	486,602	125,658	726,531	1,338,791
San Francisco	437,328	112,933	652,958	1,203,219
San Joaquin	141,286	36,485	210,954	388,725
San Luis Obispo	65,694	16,963	98,081	180,738
San Mateo	118,318	30,554	176,657	325,529
Santa Barbara	64,246	16,591	95,924	176,761
Santa Clara	425,579	109,900	635,416	1,170,895
Santa Cruz	62,548	16,153	93,393	172,094
Stanislaus	103,802	26,806	154,983	285,591
Tulare	111,712	28,849	166,795	307,356
Ventura	125,540	32,418	187,439	345,397
Yolo	48,718	12,581	72,736	\$134,035
<b>TOTALS</b>	<b>\$8,113,973</b>	<b>\$2,095,322</b>	<b>\$12,114,705</b>	<b>\$22,324,000</b>

# **Emergency Medical Services Appropriation (EMSA)**

FINAL RUNDATE: DECEMBER 15, 2000 12 NOON

FISCAL YEAR 2000-2001

**PURSUANT TO: CHAPTER 826, STATUTES OF 2000 (SB 2132)**

## **RURAL HEALTH SERVICES (RHS) PROGRAM COUNTIES**

COUNTY	EMSA HOSPITAL SERVICES ACCOUNT	EMSA PHYSICIAN SERVICES ACCOUNT	EMSA UNALLOCATED SERVICES ACCOUNT	TOTAL EMSA
Alpine	\$0	\$93	\$538	\$631
Amador	11,364	2,688	15,543	29,595
Butte	86,656	15,943	92,178	194,777
Calaveras	566	3,009	17,397	20,972
Colusa	3,774	1,465	8,472	13,711
Del Norte	6,896	2,188	12,652	21,736
El Dorado	39,336	11,949	69,088	120,373
Glenn	2,262	2,117	12,245	16,624
Humboldt	67,792	9,972	57,657	135,421
Imperial	48,028	11,355	65,654	125,037
Inyo	13,244	1,422	8,224	22,890
Kings	26,888	10,254	59,284	96,426
Lassen	3,754	2,653	15,340	21,747
Madera	15,586	9,151	52,912	77,649
Marin	48,510	19,514	112,828	180,852
Mariposa	2,316	1,262	7,297	10,875
Modoc	1,815	766	4,429	7,010
Mono	1,698	851	4,925	7,474
Napa	38,910	9,925	57,386	106,221
Nevada	23,346	7,119	41,164	71,629
Plumas	5,842	1,590	9,195	16,627
San Benito	7,664	3,892	22,503	34,059
Shasta	115,006	13,051	75,460	203,517
Sierra	162	245	1,418	1,825
Siskiyou	15,724	3,454	19,972	39,150
Solano	66,612	31,183	180,290	278,085
Sonoma	165,802	35,178	203,380	404,360
Sutter	0	6,088	35,200	41,288
Tehama	18,778	4,396	25,391	48,565
Trinity	2,987	1,020	5,897	9,904
Tuolumne	22,785	4,142	23,948	50,875
Yuba	36,924	4,743	27,428	69,095
<b>TOTALS</b>	<b>\$901,027</b>	<b>\$232,678</b>	<b>\$1,345,295</b>	<b>\$2,479,000</b>

# **Emergency Medical Services Appropriation (EMSA)**

## **Instructions for Declaration of Intent and Standard Agreement**

### Declaration of Intent

The following instructions describe the County's three options for receiving EMSA and the steps necessary to complete the Declaration of Intent document.

All RHS counties may either administer the EMSA monies directly or have the Department administer the monies for the County or a combination of both. For those counties wishing not to contract, the Department will administer the County's EMSA monies through the EMSA Contract Back Program. Likewise, if your county contracts back one of the EMSA accounts, the Department will administer the account through the EMSA Contract Back Program.

The following will assist you in completing the document:

### Option 1 - Declaration of Intent to contract and administer EMSA

- Complete Declaration of Intent Document:
  - ✓ Check box IA
  - ✓ Obtain board signature
- Submit the Declaration of Intent document with the two signed, EMSA Standard Agreements to the Office of County Health Services (OCHS)

### Option 2 - Declaration of Intent to contract for EMSA, AND contract back

- Complete the Declaration of Intent:
  - ✓ Check box IB
  - ✓ Check box IIA and/or IIB
  - ✓ Obtain board signature
- Submit the Declaration of Intent document with the two signed, EMSA Standard Agreements to the OCHS

### Option 3 - Declaration of Intent NOT to contract for EMSA

- Complete the Declaration of Intent
  - ✓ Check Box IC
  - ✓ Obtain board signature
  - ✓ Submit to the OCHS
- NO FURTHER ACTION IS REQUIRED. Submit the Declaration of Intent document to the OCHS.



Standard Agreement:

Enclosed are three copies of the Standard Agreement. The two stamped "ORIGINAL" should be signed by the Chairperson or designee of the Board of Supervisors. If your designee signs the Agreement, please include documentation showing that the individual is authorized to sign for the Board. For your records, you may retain the Agreement stamped "COPY" as an interim copy. The Agreement will not be fully executed until it is signed by the Chief of the Office of County Health Services. One original copy of the Agreement will be returned to you after it has been fully executed.

Once the Standard Agreement is fully executed, 50 percent of your allocation will be released. The balance will be released in equal monthly payments.

**Please submit the signed Declaration of Intent and Standard Agreements by February 15, 2001 to:**

Office of County Health Services  
California Department of Health Services  
Attention: County Health Services Unit  
1800 3<sup>rd</sup> Street, Room 100  
P.O. Box 942732  
Sacramento, CA 94234-7320

**EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
SENATE BILL 2132, CHAPTER 826, STATUTES OF 2000**

**DECLARATION OF INTENT  
FY 2000-01**

The Rural Health Services County of \_\_\_\_\_ (hereinafter called the County) notifies the California Department of Health Services (hereinafter referred to as the Department), as indicated below, its intention to either contract and administer the EMSA Hospital Services Account (HSA) and Physician Services Account/Unallocated Account (PSA/UA), have the Department administer the EMSA for the county, or a combination of the both. (Commencing with Welfare and Institutions Code Section 16930).

**I. Declaration of intent to contract or not to contract for EMSA:**

(CHECK ONE OF THE FOLLOWING)

- A. \_\_\_\_\_ Declaration of intent to contract for its FY 2000-01 EMSA, and administer the HSA and PSA/UA.
- B. \_\_\_\_\_ Declaration of intent to contract for its FY 2000-01 EMSA, AND contract back HSA and/or PSA/UA.
- C. \_\_\_\_\_ Declaration of intent NOT to contract for its FY 2000-01 EMSA. The County authorizes the Department to administer its EMSA on behalf of the County through the EMSA Contract Back Program.

**II. Declaration of Intent to Contract Back:**

(CHECK WHERE APPLICABLE)

- A. \_\_\_\_\_ The County will contract with the Department to administer those monies available to the County from the EMSA HSA.
- B. \_\_\_\_\_ The County will contract with the Department to administer the monies available from the EMSA PSA/UA.

**III. This Declaration has been executed by:**

Name: \_\_\_\_\_  
(Authorized Representative of the County Board of Supervisors)

Title: \_\_\_\_\_

County of: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the Declaration of Intent by February 15, 2001.*

## **STANDARD AGREEMENT**

### **EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)**

**FISCAL YEAR 2000-01**

---

**County of «County»**

The State of California, by and through the Department of Health Services (hereinafter called the "Department"), and the County of «County» (hereinafter called "County"), do hereby agree as follows:

This Standard Agreement is entered into pursuant to the provisions set forth in Senate Bill (SB) 2132, Chapter 826, Statutes of 2000.

As a condition of receiving EMSA monies to reimburse physicians for uncompensated emergency services rendered in fiscal year (FY) 2000-01, the County agrees to all the following provisions:

#### **I. Expenditure Requirements**

- A. Use the Hospital Services Account (HSA), Physician Services Account (PSA) and Unallocated Account (UA) monies only for reimbursement of uncompensated emergency services as defined in Welfare and Institutions (W&I) Code Section 16953.
- B. HSA funds may be deposited into an existing or new account at the discretion of the county, to reimburse physicians for uncompensated emergency services consistent with the provisions of W&I Code Section 16952.
- C. Transfer PSA and UA monies to the PSA in the County's Emergency Medical Services (EMS) fund, to reimburse physicians for uncompensated emergency services consistent with the provisions of W&I Code Sections 16951 and 16952.
- D. Reimburse physicians for emergency services rendered during FY 2000-01.

#### **II. Reporting Requirements**

- A. Submit one progress report and one final report of expenditures and physicians data in accordance with the instructions provided by the Department. In addition, counties that submit a Report of Actual Financial Data must report the EMSA monies as an expenditure and revenue in the Actual, and report indigent data in their Medically Indigent Care Reporting System (MICRS).

- B. Maintain financial records of the expenditures and physicians data for at least three years after the end of FY 2000-01. These records will be subject to possible review and audit by the State.

### **III. General Requirements**

- A. These monies are only for emergency services to patients who cannot afford to pay for those services, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal government. No physician shall be reimbursed more than 50 percent of losses.
- B. The monies shall not be used to reimburse physicians employed by county hospitals and physicians who provide services in a primary care clinic that receives funds from the Tobacco Tax and Health Protection Act of 1988 (Proposition 99).

### **IV. EMSA Contract Back Program (Rural Health Services (RHS) Counties only)**

RHS counties may have the Department administer their EMSA HSA and/or PSA/UA on their behalf.

### **V. Administrative Cost**

- A. Cost of administering HSA, PSA and UA funds shall not exceed ten percent (10%) of the total EMSA monies.

### **VI. Recoupment**

- A. EMSA monies and interest earned shall be returned to the Department if they are not encumbered or expended within the fiscal year according to this Standard Agreement, and the requirements of Chapter 5 (commencing with Sections 16930 and 16940) of Part 4.7 of Division 9 of the W&I Code. (W&I Code Sections 16930 and 16940).

**THIS AGREEMENT FOR FUNDING HAS BEEN APPROVED BY THE BOARD OF SUPERVISORS AND IS HEREBY EXECUTED.**

**State of California**

**County**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: George B. (Peter) Abbott, M.D., M.P.H.

Name: \_\_\_\_\_

(Please print or type)

Title: Chief, Office of County Health Services

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**EXPENDITURE AND PHYSICIANS  
DATA REPORT**

**Emergency Medical Services Appropriation (EMSA)**

**Chapter 826, Statutes of 2000  
Senate Bill (SB) 2132**

**FISCAL YEAR 2000-01**

**EXPENDITURES AND PHYSICIANS DATA REPORT  
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
FISCAL YEAR 2000-01  
(JULY 1, 2000 THROUGH JUNE 30, 2001)**

**COUNTY OF \_\_\_\_\_**

**Progress Report (please check one):**

- ☐ 1st - due November 15, 2001      ☐ Final - due April 15, 2002  
(As of October 15, 2001)                      (As of March 15, 2002)

**I. FINANCIAL STATEMENT**

	<u>HSA</u>	<u>PSA/UA</u>
<b>A. INCOME</b>		
1. MONIES RECEIVED PURSUANT TO SB 2132 SECTION (1) (c) AND (d).	<hr/>	<hr/>
2. INTEREST EARNINGS	<hr/>	<hr/>
3. TOTAL INCOME	<hr/>	<hr/>
<b>B. EXPENDITURES</b>		
1. EXPENDITURES FOR EMSA*	<hr/>	<hr/>
2. EXPENDITURES FOR ADMINISTRATIVE COSTS	<hr/>	<hr/>
3. TOTAL EXPENDITURES	<hr/>	<hr/>
<b>C. MONIES RECOVERED AND NOT EXPENDED</b>	<hr/>	<hr/>
<b>D. ENDING BALANCE (A3-B3+C)</b>	<hr/>	<hr/>
<b>E. AMOUNT RETURNED TO THE STATE</b>	<hr/>	<hr/>

**II. CERTIFICATION**

I HEREBY CERTIFY THE ACCURACY OF THE EXPENDITURES AND PHYSICIANS DATA REPORT AND THAT SUPPORTING DOCUMENTATION IS AVAILABLE FOR STATE REVIEW.

AUDITOR CONTROLLER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

\* Only emergency services are reimbursable. Nonemergency OB/GYN and pediatric services are excluded.

**This report is only required of those counties administering EMSA.**

**Expenditures must equal the total amount paid as reported in the Expenditures and Physicians Data Report.**

Please use the following instructions when completing the financial statement of the Expenditures and Physicians Data Report.

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1. Indicate the county's name in the heading of the report.
2. Indicate by check if the Progress Report is the 1<sup>st</sup> or Final.

### 3. FINANCIAL STATEMENT

#### A. INCOME

1. MONIES RECEIVED PURSUANT TO SB 2132 SECTION (1)(c) and (d).  
The total EMSA monies received from the Hospital Services Account (HSA) and the Physician Services Account/Unallocated Account (PSA/UA) for FY 2000-01.
2. INTEREST EARNED. Amount of interest earned for HSA and PSA/UA.
3. TOTAL INCOME. The sum of A1 and A2 for HSA and PSA/UA.

#### B. EXPENDITURES

1. EXPENDITURES FOR EMSA. Expenditures for services provided from July 1, 2000 through June 30, 2001 for HSA and PSA/UA.
2. EXPENDITURES FOR ADMINISTRATIVE COSTS. County administrative costs attributable to the administration of EMSA for FY 2000-01. Not to exceed ten percent (10%) of HSA and PSA/UA.
3. TOTAL EXPENDITURES. The sum of B1 and B2 for HSA and PSA/UA.

C. MONIES RECOVERED AND NOT EXPENDED. FY 2000-01 funds previously expended and subsequently recovered by the County for HSA and/or PSA/UA.

D. ENDING BALANCE. Subtract Total Expenditures from Income and add Recovered Monies (A3-B3+C) for HSA and/or PSA/UA.

E. AMOUNT RETURNED TO STATE. EMSA monies including interest earned not expended by the County and returned to the State for HSA and/or PSA/UA.

### 4. CERTIFICATION

The Report requires signature by the county auditor controller certifying the Report's accuracy. Supporting documentation shall be available for state review.

**EXPENDITURES AND PHYSICIANS DATA REPORT  
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)  
FISCAL YEAR 2000-01  
(JULY 1, 2000 THROUGH JUNE 30, 2001)**

**COUNTY OF \_\_\_\_\_**

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(As of March 15, 2002)

HSA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid
		\$		\$

PSA/UA EMSA	# of Claims Received	Amount Billed	# of Claims Paid	Amount Paid
		\$		\$

Please use the following instructions to complete the Expenditures and Physicians Data Report.

1. Indicate the county's name in the heading of the report.
2. Indicate by check if the Progress Report is the 1st or Final.
3. For each column indicate the # of claims received, amount billed, # of claims paid, and the total amount paid for HSA and PSA/UA.